



APPLICANT AND SUPERVISOR TO COMPLETE (PRINT OR TYPE) TRAINING REQUEST AND SUBMIT TRAINING REQUEST WITH COURSE/PROGRAM INFORMATION (i.e., BROCHURE) TO THE UNIT TRAINING COORDINATOR.

NAME OF APPLICANT		COURSE / PROGRAM TITLE	COURSE NUMBER
BRANCH	UNIT	CONDUCTED BY (AGENCY, COMPANY, SCHOOL)	
STATE SERVICE CLASSIFICATION	CONTACT NUMBER	LOCATION WHERE TRAINING WILL BE HELD	
NON-REPRESENTED OR COLLECTIVE BARGAINING DESIGNATION		<input type="checkbox"/> IN-SERVICE <input type="checkbox"/> OUT-SERVICE	
<input type="checkbox"/> MANAGER / EXEMPT	<input type="checkbox"/> CONFIDENTIAL	DATE(S) SCHEDULED	TOTAL NUMBER OF TRAINING HOURS
<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> RANK AND FILE-- UNIT #	REGISTRATION FEE \$	
LAST 4 DIGITS SOCIAL SECURITY NUMBER		HANDICAPPED ACCOMMODATIONS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAINING CATEGORY AND JUSTIFICATION

Justification must be completed by the unit Supervisor and Training Category identified as defined below:

Mark "X" in **ONE BOX ONLY**

- | | |
|--|--|
| <input type="checkbox"/> JOB REQUIRED | - Needed to assure adequate performance in a current assignment. |
| <input type="checkbox"/> JOB RELATED | - Designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment. |
| <input type="checkbox"/> CAREER RELATED | - Will assist in the development of career potential and is intended to help provide an opportunity for self-development and achievement of the Department's or State's mission. |
| <input type="checkbox"/> UPWARD MOBILITY | - Provides career movement opportunity for employees within classifications or job categories designated by the Department as upward mobility classifications. |

Provide information to justify training category selected above. Refer to DOM section 32010.5

SIGNATURE OF FIRST LINE SUPERVISOR	DATE	FOR TRAINING MANAGER/COORDINATOR USE		
SIGNATURE OF SECOND LINE SUPERVISOR	DATE	BILLING CODE #	INDEX #	PCA #
SIGNATURE OF CONTACT PERSON	DATE SUBMITTED TO TRAINING COORDINATOR	NOTES:		
PHONE NUMBER OF CONTACT PERSON		DATE		
*Providing last 4 digits of Social Security Number is required. This information is used for tracking/training history only.		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	SIGNATURE OF TRAINING MANAGER/COORDINATOR	